# **EMPLOYMENT APPLICATION**



## **SANDY CITY**

Please use a typewriter or print clearly in ink. To insure full consideration, application must be completed, including required dates and all job related education and experience. Make sure all blanks are filled in, if question does not apply, please enter "NA" or "None". Assistance is available for the disabled if help is needed with the application/hiring process.

1.	Name (last, first, MI)			Social	Security #
2.	Other names previously us	sed:			
3.	Current Address:				
		Street	City	State	Zip
	Telephone				
		Day	Evening		
	Driver's License #:		State:	Exp	oiration:
ó.	If you have a relative(s) w	orking for Sandy City, indica	te name(s), relationship	o(s) and depa	artment(s):
<u>'.                                    </u>	Are you prevented from la	awfully becoming employed	in this country? Yes	No	
ЭВ	INTEREST				
	Applying for (position title	):			
).	Type of employment acceptable: Full-time Part-time Temporary				
0.	Date available to start:		Minimum acc	ceptable salar	ry:
1.	Have you ever been emple	oyed by Sandy City? Yes	No If yes, F	From:	То:
	Department:		Position:		
	Supervisor:		Reason for T	Termination:	
EF	ERENCES				
12.	List three personal references (not former supervisors or relatives)				
	Name	Title/Occupation	Complete Addre	SS	Telephone
	1.				
	2.				
	3.				
13.	Are you willing to have yo	our present employer contact	ed regarding vour quali	fications? Y	es No

## **EXPERIENCE**

Beginning with your present or most recent job, describe in the boxes below, all periods of employment, such as paid (full or part-time), volunteer (full or part-time), self-employment, and/or military service. The information you give regarding your experience will be used to determine if you meet the minimum qualifications. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		
F	E	Т
Employer:	From:	То:
Complete Address:	Telephone:	
Complete Address:  Supervisor's name and title:	Telephone: Salary \$	To:
Complete Address:  Supervisor's name and title:  Your title:	Telephone:	
Complete Address:  Supervisor's name and title:	Telephone: Salary \$	
Complete Address:  Supervisor's name and title:  Your title:	Telephone: Salary \$	
Complete Address:  Supervisor's name and title:  Your title:	Telephone: Salary \$	
Complete Address:  Supervisor's name and title:  Your title:  Duties:	Telephone: Salary \$	
Complete Address:  Supervisor's name and title:  Your title:  Duties:  Reason for leaving or seeking other employment:	Telephone: Salary \$ Hours per week:	Per:
Complete Address:  Supervisor's name and title:  Your title:  Duties:  Reason for leaving or seeking other employment:  Employer:	Telephone: Salary \$ Hours per week:  From:	Per:
Complete Address:  Supervisor's name and title:  Your title:  Duties:  Reason for leaving or seeking other employment:  Employer:  Complete Address:	Telephone: Salary \$ Hours per week:  From: Telephone:	Per: To:
Complete Address:  Supervisor's name and title:  Your title:  Duties:  Reason for leaving or seeking other employment:  Employer:  Complete Address:  Supervisor's name and title:	Telephone: Salary \$ Hours per week:  From: Telephone: Salary \$	Per: To:
Complete Address:  Supervisor's name and title:  Your title:  Duties:  Reason for leaving or seeking other employment:  Employer:  Complete Address:  Supervisor's name and title:  Your title:	Telephone: Salary \$ Hours per week:  From: Telephone: Salary \$	Per: To:

TRAI	INING						
	nust complete all applicable items on this and experience will be used to determine				The information y	ou give regard	ling your
14.	Have you graduated from high school	Have you graduated from high school or received a high school equivalency diploma (GED)? Yes No					0
15.	If no, circle last grade completed: 1	2 3 4 5	5 6 7 8	9 10 11	12		
16.	CERTIFICATES: List job related professional or trade licenses, certificates or registrations:						
	Title:		State:		No.:		
	Title:	St	ate:		No.:		
<b>EDU</b> (	CATION						
С	ollege, university, business, trade/techn Name & location (city)	ical school	Official Major	Number credits earned	Dates of Attendance	Type of Degree	Date of Degree
QUAI	LIFICATIONS						
17.	Explain how you meet the minimum ED in the position description. (You may					Bri Troquito	
20.	I CERTIFY THAT ALL STATEMENT MISSTATEMENT OF MATERIAL FA Signature/Date:						AT ANY

#### READ CAREFULLY BEFORE SIGNING BELOW

The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applicants. You are not required to sign this form in order to have your application considered. However, failure to sign may impede the ability of the City to obtain information pertinent to your qualifications for employment.

	AUTHORIZATION AND RELEASE	
release to the Personnel Director either verbal or written form, as	, hereby specifically authorize and direct any previous or current employer of Sandy City, or his/her designee, any and all information of whatever kind possessed by the andy City may request regarding myself, including opinions as to job performance, characte k injuries and safety record, and any records related to me personally, which may have been	hem, in er,
information, in consideration for	s officers, agents, and employees from any liability for the use of any and all of the foregoin being reviewed for the aforesaid position. I further release any previous or current employed ult from furnishing the information requested. I also request that a copy of this release be to the signed original.	rs from
Signature	Date	

Please return all completed applications to:

Sandy City Personnel 10000 Centennial Parkway Sandy, UT 84070

Phone: (801) 568-7151 Email: sandypo.hr@state.ut.us FAX: (801) 568-6076

### APPLICANT DATA RECORD

The information requested on this sheet is voluntary. This information will assist the City in applicant tracking, reporting, and other legal requirements. Failure to answer will not impact our consideration of your application. This information is used for statistical purposes only and will not be attached to your application.

- 1. Race **G** American Indian
  - **G** Asian/Pacific Islander
  - **G** Black
  - **G** Hispanic
  - **G** White

2. Sex	<b>G</b> Male	<b>G</b> Female
3. Disabled	<b>G</b> Yes	<b>G</b> No
4. Veteran	<b>G</b> Yes	<b>G</b> No
5. Disabled. Vet	<b>G</b> Yes	<b>G</b> No
6. Over 40	<b>G</b> Yes	<b>G</b> No

How did you find out about this position?

- **G** Newspaper
- **G** Job Service
- **G** City Employee
- **G** College Placement Center
- **G** Professional Organization
- **G** City Hotline
- **G** City Announcement
- **G** Sandy City Internet Home Page